

**VSH Futures Advisory Committee**  
**February 26, 2007      2:00 – 4:30 PM**  
**Skylight Conference Room, Waterbury**

**Minutes**

**Next meeting:**      **March 26, 2007      2:00 p.m. to 4:30 p.m.**  
                                 **Skylight Conference Room**  
                                 **State Office Complex, Waterbury**

Present

AHS Secretary Cynthia LaWare  
Deputy Commissioner for Mental Health Michael Hartman

**Advisory Committee Members:** Jackie Leman, advocate; Kitty Gallagher, Adult State MH Program Standing Committee; Ron Smith, DOC; Nick Emlen, (for Jeff Rothenberg); Jack McCullough, MHLF; Sally Parrish, advocate, FAHC; Conor Casey, VSEA; Paul Dupre, WCMH, Vermont Council; Ed Paquin, VP&A; Larry Lewack, NAMI-VT; Michael Sabourin, advocate; Anne Jerman, VSH; JoEllen Swaine, VSH; Larry Thomson, VSH; Peter Albert, Retreat Healthcare; Meg O'Donnell, FAHC; Jill Olsen, VAHHS, (for Bea Grauss); Ken Liberto, VAMH; Linda Corey, VPS.

**Guests/Public:**

Bruce Spector, BISHCA; Rep. Anne Donahue, Counterpoint; Doug Gibson, VSEA.

**Staff:**

Beth Tanzman, Judy Rosenstreich, Frank Reed, Dawn Philibert and Bill McMains, VDH/DMH; Wendy Beinner and Jessica Oski, AAG/DMH; Terry Rowe, VSH.

Introductions and Updates

Deputy Commissioner Michael Hartman described legislative actions to commission independent planning and evaluation services for inpatient psychiatric care and the potential impact of this initiative on the current planning process.

**PUBLIC COMMENT**

Rep. Anne Donahue commented that many changes in leadership at the agency, department and division levels have affected progress on the Futures Project.

VSEA Proposal to Replace VSH

Conor Casey distributed a PowerPoint document that describes the union's position on replacement of the Vermont State Hospital. Conor stated that the operating costs for an

inpatient psychiatric program, if integrated with a general hospital, are expensive. The VSEA position is that this consideration may warrant foregoing federal matching funds and instead building a self-standing facility that would be an IMD.

He also pointed out that Waterbury is home to 72 VSH employees and that town officials have said they would welcome a new hospital in their community. Other advantages of one facility serving the whole state, as we have now, are that advocates could come more easily and one court could deal with the issues. In addition, one hospital would allow for flexibility in staffing when there is a spate of admissions as well as economies of scale in dining and other support services.

Conor suggested that the state hospital was its experienced and compassionate staff, not the facility. He urged that the qualified and experienced workforce should be retained.

Larry Thomson described the treatment mall model as a facility that provides space for patients to access treatment programs, activities, and group participation opportunities.

### Discussion

Ed made reference to the transformation of Vermont's developmental services system, expressing support that the State at that time did not trade one institution for another. Stating that the level of analysis and openness to ideas has not been sufficient, Ed offered his hope that we are not going through this process to build another Vermont State Hospital. He shared his view that we need a cultural shift at the state hospital, adding that the approach to reducing seclusion and restraint lacks the strategic coherence that is required.

Linda stated that the recovery program does not require a central location. She also stated that the staff is *not* the state hospital; the patients are. Linda expressed concern about the impact on VSH patients with heart conditions and diabetes of delays in being treated at CVMC due to the time it takes to get there.

Larry expressed skepticism about the VSEA operating cost estimates for an integrated program. He stated that IMD policy is long standing and has been in place over different administrations. Larry added, a proposal that does not integrate inpatient psychiatric care with health care is not acceptable to this group or to the legislature. Larry commented on the workforce issue, suggesting that it was not accurate to call the process of developing a partnership arrangement to achieve integration with health care *privatization*, which oversimplifies a more complex issue.

Ken anticipates that the present environment will require us to consider a number of options. VAMH has identified three measures for evaluation of various options: cost, quality of care, and integration of care.

Paul agreed that we need to look at all options, including an array of community residential programs. We may need a small state facility in Central Vermont for

some individuals in our care, however, we should have integrated care for most people.

#### FY 08 Proposed Governor's Budget

Deputy Commissioner Hartman opened the discussion of the Governor's proposed budget for fiscal year 2008. Beth briefed the committee on the budget relating to Futures, commenting that she had not seen a Governor's budget this robust for mental health services in her 14 years with the division of mental health.

Ken appreciated the work that had gone into the housing initiative, saying the proposed increase was a good start.

#### PUBLIC COMMENT

Anne distributed a budget sheet and brought her analysis to the Advisory Committee's attention.

Jack asked for clarification on the number of beds that VSH funding is intended to cover.

The DMH will provide this information.

#### Resolution on Residential Treatment Facilities

Jack presented a resolution concerning placement of residential treatment facilities in the state. He explained the purposes of the resolution: (1) to clarify state policy on locating facilities in communities and (2) to develop our capacities for community residential beds before creating new hospital beds.

Discussion followed about working with communities, developing partnerships, and demonstrating the beneficial outcomes of residential programs. This discussion provided clarity around the question of whether it is, or has ever been, state policy to essentially give communities veto power over the development of mental health facilities that otherwise meet all requirements of law and comply with local regulations. Beth clarified that this was not a state policy.

The need for a resolution was discussed and the language of the resolution considered.

➤ Jack moved/Larry seconded to amend the resolved clauses as follows:

1. That the Futures Advisory Committee recommends that the State of Vermont should not accede to community opposition to the placement of residential treatment facilities.
2. That the Vermont Department of Health should immediately institute efforts to create and locate additional residential treatment facilities in the state, and should take actions to ensure that such residential treatment facilities are located and in operation by the end of 2007.

3. That the interests of residents are best served by collaborative discussion between the Vermont Department of Health, local community partners, future residents and/or their representatives, and local community leaders to create residential programs.
4. That the Vermont Department of Health should not contract to create, license, or add new inpatient hospital beds for the treatment of mental illness until all practicable opportunities for non-hospital treatment have been exhausted.

Michael Sabourin offered a friendly amendment to delete #4 as that clause addresses a different issue. Paul Dupre seconded.

Nick Emlen supported the amendment for the reason that in every scenario new inpatient services are needed.

- All in favor of the amendment: 15
- Opposed: 2
- Abstentions: 1

The original motion was thus amended to eliminate the #4. Discussion resumed on the motion.

- Paul moved/Conor seconded to table the motion until the next meeting.

It was voted unanimously to table.

#### Act 114 Commissioner's Report

Deputy Commissioner Hartman reviewed two errors in the report that will be corrected. The report will be posted on the DMH website.

#### VSH Governing Body and the Board of Mental Health

Beth distributed three papers to inform the Advisory Committee's deliberations:

1. memo from Beth Tanzman on history of the Board of Mental Health
2. memo from Maria Royle on VSH Governing Body: Access to Records
3. memo from Michael Hartman on Proposal for VSH Governance

There was not sufficient time to discuss these issues so members were urged to read the materials in preparation for the next meeting.

The meeting adjourned at 4:30 p.m.

SUBMITTED BY: Judy Rosenstreich  
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